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Bib Data Sheet

CONFIRMATION NO. 1526

| | | | | |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|------------------------------------------|
| SERIAL NUMBER 09/995,585 | FILING DATE 11/29/2001 RULE | CLASS 604 | GROUP ART UNIT 3761 | ATTORNEY DOCKET NO. 000500-276 |
|------------------------------------|-------------------------------------------------|---------------------|-------------------------------|------------------------------------------|

APPLICANTS
Charloth Svensson, Stenungsund, SWEDEN; *CWA*
Anna Svernlöv, Kullavik, SWEDEN;

**** CONTINUING DATA *******
THIS APPLN CLAIMS BENEFIT OF 60/253,754 11/29/2000 *CWA*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 12/13/2001** *CWA*

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY SWEDEN | SHEETS DRAWING 3 | TOTAL CLAIMS 10 | INDEPENDENT CLAIMS 1 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <i>CWA</i> Initials | | | |

ADDRESS
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BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, VA 22313-1404

TITLE
Fastening system for an absorbent product

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|-----------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE RECEIVED 870 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|